## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
RECLAIM AMERICA PAC	C C00500025
Check If X 24-hour report 48-hour report New report Amends report filed on	= M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee	
AOL Advertising	12 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 770 Broadway	
6th FI.	nt
City State Zip Code New York NY 10003	10000.00
Purpose of Expenditure  Category/ Office Sough	ction ID : SE.4136 ht: House State: AR
Type 004	Senate District: 00 President
Name of Federal Candidate Supported or Opposed by Expenditure:  THOMAS COTTON  Check One:	
0.00	nt For: Primary General
	M / D D / Y Y Y
Mailing Address 1600 Amphitheatre Pkwy	12 06 2013
Amour	nt
City State Zip Code Mountain View CA 94943	20000.00
Purpose of Expenditure Category/ Office Sough	ht: House State: AR
Type 004	Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:  THOMAS COTTON  Check One:	
0.00 2014	nt For: Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	30000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(b) SOBTOTAL of Officernized Independent Experialities	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Lisa Lisker  [Electronically Filed] Date 12	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	